



1996

CLIENT PROFILE

- This information is confidential
- Fill out this form before your session
- Give it to your counselor
- Thank you for your help!

To give us a better picture of the clients who use the services of the Family Court, please answer the questions on this form. All of your answers are important to us, but if you do not want to answer a question, just skip it and go on to the next. Most questions can be answered by entering a check (✓) in the box next to the answer you choose.

Today's date: ____/____/____
Mo Day Yr

1. You are: ₁ ☐ Mother ₂ ☐ Father ₃ ☐ Other (*Please describe*)

2. What is the purpose of today's session?

A. Custody

- ₁ ☐ To talk about/reach a custody plan ₃ ☐ To talk about/reach a temporary custody plan
₂ ☐ To change a custody plan ₄ ☐ Don't know

(1) What kind of physical and/or legal custody arrangements do you hope to have?

Physical custody

- ₁ ☐ to Mother
₂ ☐ to Father
₃ ☐ Joint
₄ ☐ Different for each child
(*Please describe.*)

Legal custody

- ₁ ☐ to Mother
₂ ☐ to Father
₃ ☐ Joint
₄ ☐ Different for each child
(*Please describe.*)

B. Visitation

- ₁ ☐ To talk about/reach a visitation plan ₃ ☐ To talk about/reach a temporary visitation plan
₂ ☐ To change a visitation plan ₄ ☐ Don't know

(1) What kind of visitation plan do you hope to have? (*Please describe.*)



3. How many children under 18 do you have (from any relationship)? _____

4. How many children under 18 do you have with the other parent involved in this session? _____ Please answer the following questions for each of these children.

(If you have more than four children under 18 with the other parent, please answer below for the four oldest and use the extra page for the other children.)

| | Oldest child | Second child | Third child | Fourth child |
|--|--|--|--|--|
| Birth date | ____/____/____ Mo Day Year | ____/____/____ Mo Day Year | ____/____/____ Mo Day Year | ____/____/____ Mo Day Year |
| Sex | 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male | 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male | 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male | 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male |
| Right now, with whom does your child live? | 1 <input type="checkbox"/> Mostly with mom 2 <input type="checkbox"/> Mostly with dad 3 <input type="checkbox"/> Part of the time with each parent | 1 <input type="checkbox"/> Mostly with mom 2 <input type="checkbox"/> Mostly with dad 3 <input type="checkbox"/> Part of the time with each parent | 1 <input type="checkbox"/> Mostly with mom 2 <input type="checkbox"/> Mostly with dad 3 <input type="checkbox"/> Part of the time with each parent | 1 <input type="checkbox"/> Mostly with mom 2 <input type="checkbox"/> Mostly with dad 3 <input type="checkbox"/> Part of the time with each parent |
| In the last 4 weeks (28 days), how many overnights did your child stay with you? | _____ overnights | _____ overnights | _____ overnights | _____ overnights |

5. A. How satisfied or dissatisfied do you feel about the current time arrangements for your child(ren)?
(Circle one number)

Completely
Dissatisfied

Completely
Satisfied

1 2 3 4 5 6 7 8 9 10

B. Why?

6. Have any of the children listed on the previous page ever had the following:
(Check "Yes" or "No")

| | Oldest child | Second child | Third child | Fourth child |
|--|--|--|--|--|
| A delay in growth or development? | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the delay was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the delay was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the delay was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the delay was first noticed? Age:_____ |
| An emotional or behavioral problem that lasted three months or more? | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the problem was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the problem was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the problem was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when the problem was first noticed? Age:_____ |
| A learning disability? | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when this was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when this was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when this was first noticed? Age:_____ | ² <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes - If YES: How old was he or she when this was first noticed? Age:_____ |

7. How are things working out for your family these days?

| | Strongly agree | Agree | Disagree | Strongly disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| We basically agree about our child(ren)'s needs. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| I am not as close to my child(ren) as I used to be. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| These days, I feel angry toward the other parent. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| The other parent tries to turn our child(ren) against me. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Our child(ren) are caught in the middle of our disagreements. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| We usually manage to work together as parents. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| I am afraid of the other parent. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| I can talk to the other parent about our child(ren). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| I feel that my children are not safe in the other parent's home. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| I feel that I know enough about how our children live when they are with the other parent. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

8. Do you personally have an attorney representing you now?

- 1 ☐ Yes
2 ☐ No

9. Does the other parent have an attorney now?

- 1 ☐ Yes
2 ☐ No
8 ☐ Don't know

10. What is your legal relationship to the other parent?

- 1 ☐ Never married to each other
2 ☐ Divorced from each other
3 ☐ Still legally married to each other

11. Which best describes your current living situation?

- 1 ☐ Never lived in the same household with the other parent
2 ☐ Living in the same household with the other parent
3 ☐ Living in a different household from the other parent -

different household since: _____/_____
Month/Year

12. Who are the adults in your household? (Check all that apply)

- ☐ No other adults
- ☐ The other parent involved in this session
- ☐ Other adult family member(s)
- ☐ Other adult(s) - not a new spouse or partner
- ☐ New spouse or partner
- Does he/she have any children under 18? ☐ Yes - **IF YES**: How many? _____
- ☐ No

13. How often have you talked to the other parent in the last four weeks?

- ☐ Every day
- ☐ A few times each week
- ☐ About once a week
- ☐ At least once in the last four weeks
- ☐ No contact in the last four weeks

14. How long does it usually take you to travel one way from your home to the other parent's?

- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 31-60 minutes
- ☐ One to two hours
- ☐ More than two hours
- ☐ Both parents live in the same household
- ☐ Don't know

15. Do you have plans to move or do you want to move in the next year?

- ☐ No
- ☐ Don't know
- ☐ Yes **IF YES**: What would be the one way travel time from your new home to the other parent's?
- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 31-60 minutes
- ☐ One to two hours
- ☐ More than two hours
- ☐ Don't know

16. Has there been physical violence in your relationship with the other parent?

- 2 ☐ No
1 ☐ Yes

IF YES: When was the last time it happened?

- 1 ☐ During the last 6 months
2 ☐ 6 months to one year ago
3 ☐ More than a year ago

IF YES: Have your children ever seen violence between you and the other parent?

- 1 ☐ Yes
2 ☐ No

17. In your relationship with the other parent, did any of the following ever happen between the two of you?

IF YES: Which parent did it?

| | No | Yes | Mother | Father | Both |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Pushing, grabbing, shoving | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Throwing things | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Slapping, kicking, biting, or hitting | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Use of weapon, knife, firearm | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Sexual assault | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

18. Is a domestic violence restraining order in effect that prevents one parent coming near the other?

NOTE: *If you are currently being protected by a restraining order because of domestic violence, you have the right to be seen separately upon request.*

- 1 ☐ Application in progress
2 ☐ Yes - there is a restraining order now
3 ☐ No, but there has been a restraining order in the past
4 ☐ No, there has never been a restraining order

19. How concerned are you about future violence in your relationship with the other parent?

- 1 ☐ Very concerned
2 ☐ Somewhat concerned
3 ☐ Slightly concerned
4 ☐ Not at all concerned

20. Has Child Protective Services (CPS) ever investigated a report about the child(ren) covered in today's session?

- 2 ☐ No
8 ☐ Don't know
1 ☐ Yes

IF YES: A. Who is (was) being investigated?

- 1 ☐ Mother
2 ☐ Father
3 ☐ Other (*Specify*)

B. What was the outcome of the investigation?

- 1 ☐ Unsubstantiated
2 ☐ Substantiated
3 ☐ Not yet completed
4 ☐ Don't know

CONFIDENTIAL BACKGROUND INFORMATION

21. Your birth date: _____/_____/_____
 Month Day Year

23. What is your ethnic background? (Check all that apply)

- ☐ American Indian, Eskimo, or Aleut
- ☐ Asian or Pacific Islander
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ White or European-American
- ☐ Other (Please specify.)

24. What is the highest grade or year of formal education you completed?

- ☐ Some high school or less
- ☐ High school graduation or equivalent (GED)
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

Have you attended trade school?

- ☐ Yes - **IF YES:** How many months? _____
- ☐ No

25. Are you employed right now?

- ☐ Yes
- ☐ No

26. Have you received Aid to Families with Dependent Children (AFDC) in the last month?

- ☐ Yes
- ☐ No

27. Not including AFDC or any child support you received, what is your personal current MONTHLY income after taxes from all other sources (such as your job, unemployment benefits, social security, disability, spousal support from a different marriage)?

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> \$700-799 | <input type="checkbox"/> \$1200-1499 |
| <input type="checkbox"/> Below \$500 | <input type="checkbox"/> \$800-899 | <input type="checkbox"/> \$1500-1999 |
| <input type="checkbox"/> \$500-599 | <input type="checkbox"/> \$900-999 | <input type="checkbox"/> \$2000-2999 |
| <input type="checkbox"/> \$600-699 | <input type="checkbox"/> \$1000-1199 | <input type="checkbox"/> \$3000-4999 |
| | | <input type="checkbox"/> \$5000 or over |

NOTE: This information will not be used to determine child support.

Please give this form to the counselor when you enter the meeting room. Thank you!